

PLACE OF BIRTH

1. County of Cochise
 District of St Johns
 Town of St Johns
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 15
 County Registrar No. _____
 Local Registrar No. 35

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Therrian Leigh Richey { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes
 7. Date of birth Oct 27 26
 Month Day Year

8. FATHER
 Full name Leigh Richey

9. Residence (Usual place of abode) St Johns Ariz
 If non-resident, give place and state.

10. Color or race W 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) St Johns Ariz
 (State or country)

13. Occupation Mechanic
 Nature of Industry Garage Man

14. MOTHER
 Full maiden name Rhodan L. Hunsden

15. Residence (Usual place of abode) St Johns Ariz
 If non-resident, give place and state.

16. Color or race W 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Blue water N. M.
 (State or country)

19. Occupation House wife
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living _____
 (b) Born alive but now dead _____
 (c) Stillborn _____
 Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 P m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Rhodan L. Hunsden (Physician or midwife).

Address St Johns Ariz

Given name added from a supplemental report _____
 Month, day, year _____

Filed 11/9 19 26 Matthe Jensen
 Local Registrar.

Registrar

Filed _____ 19 _____

County Registrar.

398-1021-925